

(Invigilator :- Please fold along perforation and tear after examination is over).

OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

ALIM

Roll No.										Q. Booklet No.						Paper Code				Question Booklet Series	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	C	
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[Signature]

Signature of the Candidate

[Signature]

Signature of the Invigilator with Date